

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1957

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2818

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Adrian</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>Research Hospital 3 days</u>		d. STREET ADDRESS (If outside, give location) <u>007</u>	
3. NAME OF DECEASED (Type or print) First <u>Lelia</u> Middle <u>Stevens</u> Last <u>STEVENS</u>		4. DATE OF DEATH Month <u>June</u> Day <u>14</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-12-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Pexaseo, Mo.</u>	
13a. FATHER'S NAME <u>Daniel Welch</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK T. STEVENS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cronary Sclerosis</u> DUE TO (c) <u>Cholelithiasis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>Unknown</u> <u>4201</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>2:00</u> Month, Day, Year <u>June 11, 1957</u> a.m. <u>A</u> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>June 14, 1957</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Adrian, Mo.</u>	
21. I attended the deceased from Death occurred at <u>June 11, 1957</u> <u>2:00</u> <u>A</u> and was how long he was alive on <u>June 13, 1957</u> <u>6:15</u> <u>P</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Walter Cummins M.D.</u>	
22b. ADDRESS <u>1615 Popple</u>		22c. DATE SIGNED <u>6-14-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6-15-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem. Adrian, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Adrian, Mo.</u>	
24. FUNERAL DIRECTOR <u>Sigs Funeral Home, Adrian, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-15-57</u>	
26. REGISTRAR'S SIGNATURE <u>Walter Cummins</u>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Walter Cummins

JUL 8 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *John R. Bidma*

Licensed Embalmer No. .... *4531*

P. O. Address ..... *Kansas City*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.